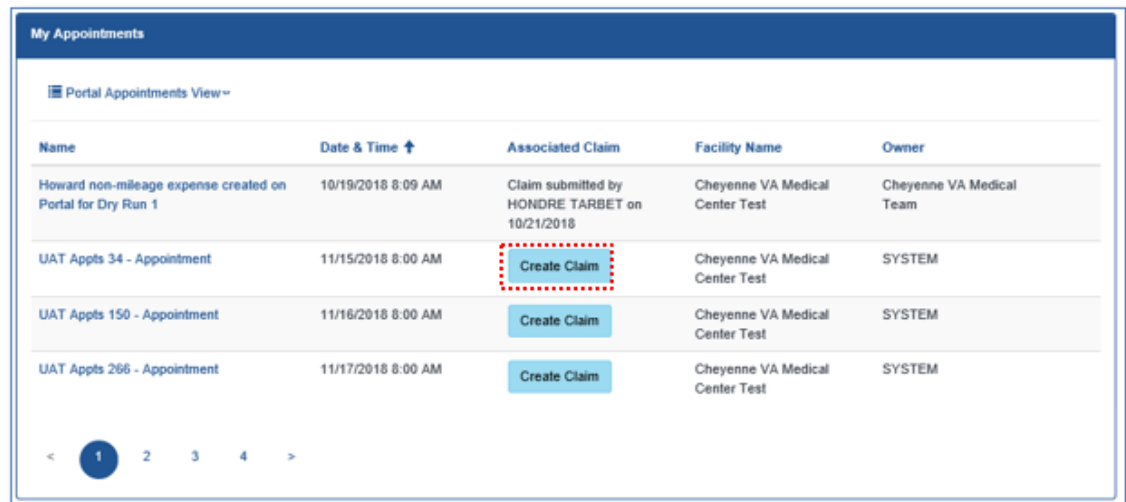


BTSSS Veteran Portal – How to Create and Submit a Claim

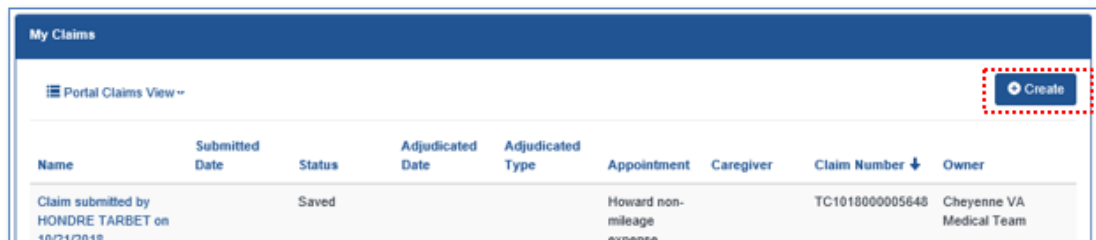
1. There are two ways to create a claim from **My Dashboard**:
 - a. **Method 1:** In **My Appointments**, click **Create Claim** in the **Associated Claims** column for the appointment you wish to submit a claim for. Appointments that already have an associated claim will display the claim name in this column rather than the **Create Claim** button.



The screenshot shows the 'My Appointments' section of the portal. It features a table with columns: Name, Date & Time, Associated Claim, Facility Name, and Owner. The first row shows a claim already submitted. The subsequent three rows show appointments with 'Create Claim' buttons in the 'Associated Claim' column. A red dashed box highlights the 'Create Claim' button for the 'UAT Appts 34 - Appointment'.

Name	Date & Time ↑	Associated Claim	Facility Name	Owner
Howard non-mileage expense created on Portal for Dry Run 1	10/19/2018 8:09 AM	Claim submitted by HONDRE TARBET on 10/21/2018	Cheyenne VA Medical Center Test	Cheyenne VA Medical Team
UAT Appts 34 - Appointment	11/15/2018 8:00 AM	Create Claim	Cheyenne VA Medical Center Test	SYSTEM
UAT Appts 150 - Appointment	11/16/2018 8:00 AM	Create Claim	Cheyenne VA Medical Center Test	SYSTEM
UAT Appts 266 - Appointment	11/17/2018 8:00 AM	Create Claim	Cheyenne VA Medical Center Test	SYSTEM

- b. **Method 2:** Click **Create** in the upper right of **My Claims**.



The screenshot shows the 'My Claims' section of the portal. In the top right corner, there is a blue button with a plus icon and the text 'Create', which is highlighted with a red dashed box. Below the button is a table with columns: Name, Submitted Date, Status, Adjudicated Date, Adjudicated Type, Appointment, Caregiver, Claim Number, and Owner. The first row shows a claim submitted by HONDRE TARBET on 10/21/2018, with a status of 'Saved'.

Name	Submitted Date	Status	Adjudicated Date	Adjudicated Type	Appointment	Caregiver	Claim Number ↑	Owner
Claim submitted by HONDRE TARBET on 10/21/2018		Saved			Howard non-mileage expense		TC1018000005648	Cheyenne VA Medical Team

2. **Method 1** opens the **Initiate a Claim** form with the appointment details already populated. Confirm the address information on the page is correct, update if necessary, and then click **Create Claim and Add Expenses**. (See Picture Below)

Initiate a Claim

[Help](#)

Select Address From Previously Submitted Claims:

☒ Profile Address
☐ 115 W 15TH ST, , CHEYENNE, WY, 82001, 41.13182, -104.81422

First Name *	Address Line 1 *
<input type="text" value="HONDRE"/>	<input type="text" value="115 W 15TH ST"/>
Middle Name	Address Line 2
<input type="text" value="DONNIE"/>	<input type="text" value="NOT_FOUND"/>
Last Name *	City *
<input type="text" value="TARBET"/>	<input type="text" value="CHEYENNE"/>
Appointment *	State/Province *
<input type="text" value="UAT Appts 34 - Appointn"/>	<input type="text" value="WY"/>
	Zip/Postal Code *
	<input type="text" value="82001"/>

3. **Method 2** opens a **Choose an Appointment** page that lists only appointments that do not already have an associated claim. These are the same appointments that have **Create Claim** buttons in **My Appointments** above.
 - a. Clicking an appointment in this list opens the same **Initiate a Claim** page that clicking **Create Claim** for that appointment opens for that appointment in **My Appointments**.
 - b. If the appointment you wish to create a claim for is *not* in this list, click **I don't see my appointment** before clicking **Add New Appointment**. (See Picture Below)

Choose an Appointment

Help

Descriptive Name	Date	Facility	City	State
UAT Appts 34 - Appointment	11/15/2018	Cheyenne VA Medical Center Test	CHEYENNE	WY
UAT Appts 150 - Appointment	11/16/2018	Cheyenne VA Medical Center Test	CHEYENNE	WY
UAT Appts 266 - Appointment	11/17/2018	Cheyenne VA Medical Center Test	CHEYENNE	WY
UAT Appts 382 - Appointment	11/18/2018	Cheyenne VA Medical Center Test	CHEYENNE	WY

[I don't see my appointment](#)

[Add New Appointment](#)

[Back to My Dashboard](#)

- c. The **Choose facility to view appointments from** page is displayed. Click the **Select** button for the facility associated with the appointment you wish to create a claim for.

Choose facility to view appointments from:

Select the facility below where the appointment you are looking for was made. You will then be returned to the previous page where you can select from an updated list of appointments. If you still can't find the appointment, you can return to the previous page to either click on the 'Add an Appointment' button or contact your facility's Travel Clerks for additional assistance.

Don't know your facility? You can use our [Facility Directory](#) to locate a nearby facility.

Facility Name	City	State	
Dayton VA Medical Center Test	Dayton	OH	Select
Cheyenne VA Medical Center Test	CHEYENNE	WY	Select

[Return to previous page](#)

- d. It will return you to the **Choose an Appointment** page with a refreshed list of your appointments for that facility.
- e. If the appointment still does not appear, you can contact a Travel Clerk at that facility or click **Add New Appointment**. The **Choose an Appointment** page is displayed. Complete the form and click **Add New Appointment**.
- Submitted claims with **Completed? = No** will *not* be processed until the appointment has been updated and marked by the system as completed.
 - If you need to change the **Facility Name** and cannot locate the correct one by searching for it by clicking the magnifying glass (opens the search window), click **Facility not listed**. (See Picture Below)

Choose an Appointment

Help

Facility Name *

Cheyenne VA Medical Center Test

Date & Time *

Descriptive Name *

Appointment Type *

Other

Completed?

☒ No ☐ Yes

Add New Appointment

Facility not listed

Back to My Dashboard

- iii. The **Add a Facility** page is displayed. Complete the form and click **Add New Facility**.

Add a Facility

Help

Facility Name *

Address Line 1 *

Address Line 2

City *

State *

Zip Code *

Add New Facility

Back to My Dashboard

- iv. Your new facility should now appear in **Facility Name** on the **Choose an Appointment** page.
- v. Complete the remainder of the fields on the form and click **Add New Appointment**.

Choose an Appointment

Help

Facility Name *

New HS Facility

Date & Time *

Descriptive Name *

Appointment Type *

Other

Completed?

☒ No ☐ Yes

Add New Appointment

Facility not listed

Back to My Dashboard

- f. The **Initiate a Claim** page appears with the new appointment you created displayed under **Appointment** (see **Initiate a Claim** page in Step 2, above). Confirm the address information on the page is correct, update if necessary and then click **Create Claim and Add Expenses**.
4. The **Claim Expenses** page is displayed listing the appointment details in the upper left, the **Facility Responsible for Payment** and claim details and any notes in the middle.
- a. Confirm the **Facility Responsible for Payment** displayed for the claim is correct and change if necessary. (See Picture Below)

Claim Expenses

[Help](#)

Claimant: VILLANUEVA CORRADI
Appointment: UAT Appts 456 - Appointment
Date: 11/18/2018 8:00:00 AM
Appointment Facility Name: Cheyenne VA Medical Center Test
Address: 2360 E Pershing Boulevard
CHEYENNE, WY 82005
Completed?: Yes

Facility Responsible for Payment *

Cheyenne VA Medical Center Test



Claim Number

TC0820000010917

Address Line 1 *

3219 SNYDER AVE

First Name *

VILLANUEVA

Address Line 2

—

Middle Name

RILEY KAULANA

City *

CHEYENNE

Last Name *

CORRADI

State/Province *

WY

Appointment *

UAT Appts 456 - Appointment

Zip/Postal Code *

82001

5. Toward the bottom of the page are a button to **Add Attachments** (e.g. receipts, deductible waiver applications, etc.) and checkboxes to begin adding expenses.

There is a maximum of 5 attachments.

If you need to add additional attachments or remove attachments, please contact your facility.

[Add Attachments](#)

Choose an expense type:

- ☐ Used a personal car to drive to appointment
- ☐ Took a common carrier to get to appointment (e.g. Train, bus, subway, taxi, airplane, etc.)
- ☐ Pre-approved for meals and/or lodging

[Back to Dashboard](#)

- i. The **Mileage/Reimbursement** amounts can be changed by selecting the appropriate **Trip Type** (**Round Trip** or **One Way**). Select **Challenge Mileage = Yes** if you wish to submit a mileage expense for a different mileage. Supply the mileage you wish to be reimbursed for in **Challenge Requested Mileage** and a reason for the change in **Reason for Challenge**.

Mileage / Reimbursement

Trip Type *

Round Trip ▼

Mileage Requested *

4.44

Cost *

2.26

Challenge Mileage
☐ No ☒ Yes

Challenge Requested Mileage

Reason for Challenge

- ii. When all information is supplied and accurate, click the **Add Expense** button at the bottom of the page. The expense is added to the **Expense Line Items** on the **Claim Expenses** page. You can edit or delete the expense by clicking **Edit** or **Delete**.
 1. **Description** and the **Requested** amounts will reflect the **Challenge Requested Mileage** if a challenge was entered.

Type	Date	Description	Requested	Submitted	
Mileage	11/15/2018	(Miles: 4.44)	\$2.26	\$0.00	Edit Delete

- e. Click **Add Parking Expense** button to display the **Other Expense** page.
 - i. Appointment details are displayed in the upper left. Supply the correct **Date Incurred**, **Description** and **Cost Requested** (e.g. 15.00, without a dollar sign) and click **Add Expense**. (See Picture Below)

Other Expense

[Help](#)

Claimant: HONDRE TARBET
 Appointment: UAT Appts 34 - Appointment
 Date: 11/15/2018 8:00:00 AM
 Facility: Cheyenne VA Medical Center Test
 Address: 2360 E Pershing Blvd
 CHEYENNE, WY 82001
 Completed?: Yes

Info! * This type of expense requires a receipt.

Date Incurred (MM/DD/YYYY HH:MM AM/PM) *

11/15/2018 X

Description *

Cost Requested *

[Add Expense](#)

[Back to Claim](#)

- i. The expense is added to the **Expense Line Items** on the **Claim Expenses** page. You can edit or delete the expense by clicking **Edit** or **Delete**.

Type	Date	Description	Requested	Submitted	
Mileage	11/15/2018	(Miles: 4.44)	\$2.26	\$0.00	Edit Delete
Other	11/15/2018	Parking expense.	\$15.00	\$0.00	Edit Delete
Total				\$0.00	

- f. Click **Add Toll Expense** button to display the **Toll Expense** page. Supply the correct **Date Incurred**, **Location Description** and **Cost Requested** (e.g. 15.00, without a dollar sign) and click **Add Expense** (See Below)

Toll Expense

[Help](#)

Claimant: HONDRE TARBET
 Appointment: UAT Appts 34 - Appointment
 Date: 11/15/2018 8:00:00 AM
 Facility: Cheyenne VA Medical Center Test
 Address: 2380 E Pershing Blvd
 CHEYENNE, WY 82001
 Completed?: Yes

Info! * This type of expense requires a receipt.

Date Incurred (MM/DD/YYYY HH:MM AM/PM) *

11/15/2018

Location Description *

Cost Requested *

[Add Expense](#)

[Back to Claim](#)

- i. The expense is added to the **Expense Line Items** on the **Claim Expenses** page. You can edit or delete the expense by clicking **Edit** or **Delete**.

Type	Date	Description	Requested	Submitted	
Mileage	11/15/2018	(Miles: 4.44)	\$2.28	\$0.00	Edit Delete
Toll	11/15/2018	Freeway	\$5.00	\$0.00	Edit Delete
Other	11/15/2018	Parking expense.	\$15.00	\$0.00	Edit Delete
Total				\$0.00	

- g. Click **Add Air Travel Expense** button to display the **Air Travel Expense** page. Supply the correct **Date Incurred**, **Description**, **Vendor**, **Type**, **Departed From** (Airport), **Arrived At** (Airport), **Departure Date**, **Return Date** and **Cost Requested** (e.g. 15.00, without a dollar sign) and click **Add Expense**. (See Below)

Air Travel Expense

[Help](#)

Claimant: HONDRE TARBET
 Appointment: UAT Appts 34 - Appointment
 Date: 11/15/2018 8:00:00 AM
 Facility: Cheyenne VA Medical Center Test
 Address: 2360 E Pershing Blvd
 CHEYENNE, WY 82001
 Completed?: Yes

Info! * This type of expense requires a receipt.

Date Incurred (MM/DD/YYYY HH:MM AM/PM) *

Description *

Trip Detail

Vendor *

Type *

Departed From *

Arrived At *

Departure Date (MM/DD/YYYY) *

Return Date (MM/DD/YYYY)

Cost Requested *

[Add Expense](#)

[Back to Claim](#)

- i. The expense is added to the **Expense Line Items** on the **Claim Expenses** page. You can edit or delete the expense by clicking **Edit** or **Delete**.

Type	Date	Description	Requested	Submitted	
Mileage	11/15/2018	(Miles: 4.44)	\$2.26	\$0.00	Edit Delete
Toll	11/15/2018	Freeway	\$5.00	\$0.00	Edit Delete
Other	11/15/2018	Parking expense.	\$15.00	\$0.00	Edit Delete
Air Travel	11/15/2018	Airfare	\$300.00	\$0.00	Edit Delete
Total				\$0.00	

- h. Click **Add Common Carrier Expense** button to display the **Common Carrier Expense** page. Supply the correct **Carrier Type**, **Date Incurred**, **Description**, **Cost Requested** (e.g. 15.00, without a dollar sign), **Reason Not Using POV**, **Explanation** and click **Add Expense**. (See Below)

Common Carrier Expense

[Help](#)

Claimant: HONDRE TARBET
 Appointment: UAT Appts 34 - Appointment
 Date: 11/15/2018 8:00:00 AM
 Facility: Cheyenne VA Medical Center Test
 Address: 2360 E Pershing Blvd
 CHEYENNE, WY 82001
 Completed?: Yes

Info! * This type of expense requires a receipt.

Info! * To use common carriers for medically indicated reasons, it needs to be recorded in your medical record.

Carrier Type *
 Bus

Date Incurred (MM/DD/YYYY HH:MM AM/PM) *
 11/15/2018

Description

Cost Requested *

Reason Not Using POV *

Explanation

[Add Expense](#)

[Back to Claim](#)

- i. The expense is added to the **Expense Line Items** on the **Claim Expenses** page. You can edit or delete the expense by clicking **Edit** or **Delete**.

Type	Date	Description	Requested	Submitted	
Mileage	11/15/2018	(Miles: 4.44)	\$2.26	\$0.00	Edit Delete
Toll	11/15/2018	Freeway	\$5.00	\$0.00	Edit Delete
Common Carrier - Bus	11/15/2018	Common Carrier Expense	\$250.00	\$0.00	Edit Delete
Other	11/15/2018	Parking expense.	\$15.00	\$0.00	Edit Delete
Air Travel	11/15/2018	Airfare	\$300.00	\$0.00	Edit Delete
Total				\$0.00	

- i. Click **Add Other Expense** button to display the **Other Expense** page. Supply the correct **Date Incurred**, **Description** and **Cost Requested** (e.g. 15.00, without a dollar sign) and click **Add Expense**. (See Below)

Other Expense

[Help](#)

Claimant: HONDRE TARBET
 Appointment: UAT Appts 34 - Appointment
 Date: 11/15/2018 8:00:00 AM
 Facility: Cheyenne VA Medical Center Test
 Address: 2360 E Pershing Blvd
 CHEYENNE, WY 82001
 Completed?: Yes

Info! * This type of expense requires a receipt.

Date Incurred (MM/DD/YYYY HH:MM AM/PM) *

11/15/2018

Description *

Cost Requested *

[Add Expense](#)

[Back to Claim](#)

- i. The expense is added to the **Expense Line Items** on the **Claim Expenses** page. You can edit or delete the expense by clicking **Edit** or **Delete**.

Type	Date	Description	Requested	Submitted	
Mileage	11/15/2018	(Miles: 4.44)	\$2.28	\$0.00	Edit Delete
Toll	11/15/2018	Freeway	\$5.00	\$0.00	Edit Delete
Common Carrier - Bus	11/15/2018	Common Carrier Expense	\$250.00	\$0.00	Edit Delete
Other	11/15/2018	Parking expense.	\$15.00	\$0.00	Edit Delete
Other	11/15/2018	Other Expense	\$25.00	\$0.00	Edit Delete
Air Travel	11/15/2018	Airfare	\$300.00	\$0.00	Edit Delete
Total				\$0.00	

- j. Click **Add Lodging Expense** button to display the **Lodging Expense** page. Supply the correct **Date Incurred**, **Description**, **Vendor**, **Cost Requested** (e.g. 15.00, without a dollar sign), **Check In Date**, **Check Out Date** and click **Add Expense**. (See Below)

Lodging Expense

[Help](#)

Claimant: HONDRE TARBET
 Appointment: UAT Appts 34 - Appointment
 Date: 11/15/2018 8:00:00 AM
 Facility: Cheyenne VA Medical Center Test
 Address: 2360 E Pershing Blvd
 CHEYENNE, WY 82001
 Completed?: Yes

Info! * This type of expense requires a receipt and must be pre-approved.

Date Incurred (MM/DD/YYYY HH:MM AM/PM) *

11/15/2018

Description *

Details

Vendor *

Cost Requested *

Check in Date (MM/DD/YYYY) *

Check Out Date (MM/DD/YYYY) *

[Add Expense](#)

[Back to Claim](#)

- i. The expense is added to the **Expense Line Items** on the **Claim Expenses** page. You can edit or delete the expense by clicking **Edit** or **Delete**.

Type	Date	Description	Requested	Submitted	
Mileage	11/15/2018	(Miles: 4.44)	\$2.26	\$0.00	Edit Delete
Toll	11/15/2018	Freeway	\$5.00	\$0.00	Edit Delete
Common Carrier - Bus	11/15/2018	Common Carrier Expense	\$250.00	\$0.00	Edit Delete
Other	11/15/2018	Parking expense.	\$15.00	\$0.00	Edit Delete
Other	11/15/2018	Other Expense	\$25.00	\$0.00	Edit Delete
Air Travel	11/15/2018	Airfare	\$300.00	\$0.00	Edit Delete
Lodging	11/15/2018	Lodging expense.	\$130.00	\$0.00	Edit Delete
Total				\$0.00	

- k. Click **Add Meal Expense** button to display the **Mileage Expense** page. Supply the correct **Date Incurred**, **Description**, **Vendor**, **Cost Requested** (e.g. 15.00, without a dollar sign) and click **Add Expense**. (See Below)

Meal Expense

[Help](#)

Claimant: HONDRE TARBET
 Appointment: UAT Appts 34 - Appointment
 Date: 11/15/2018 8:00:00 AM
 Facility: Cheyenne VA Medical Center Test
 Address: 2380 E Pershing Blvd
 CHEYENNE, WY 82001
 Completed?: Yes

Info! * This type of expense requires a receipt and must be pre-approved.

Date Incurred (MM/DD/YYYY HH:MM AM/PM) *
 11/15/2018

Description *

Details

Vendor *

Cost Requested *

[Add Expense](#)

[Back to Claim](#)

- i. The expense is added to the **Expense Line Items** on the **Claim Expenses** page. You can edit or delete the expense by clicking **Edit** or **Delete**.

Type	Date	Description	Requested	Submitted	
Mileage	11/15/2018	(Miles: 4.44)	\$2.28	\$0.00	Edit Delete
Toll	11/15/2018	Freeway	\$5.00	\$0.00	Edit Delete
Common Carrier - Bus	11/15/2018	Common Carrier Expense	\$250.00	\$0.00	Edit Delete
Other	11/15/2018	Parking expense.	\$15.00	\$0.00	Edit Delete
Other	11/15/2018	Other Expense	\$25.00	\$0.00	Edit Delete
Air Travel	11/15/2018	Airfare	\$300.00	\$0.00	Edit Delete
Lodging	11/15/2018	Lodging expense.	\$130.00	\$0.00	Edit Delete
Meal	11/15/2018	Meal Expense	\$35.00	\$0.00	Edit Delete
Total				\$0.00	

- l. The **Expense Line Items** section of the **Claim Detail** form above summarizes the expenses created on the claim and the **Cost Requested** and **Cost Submitted** amounts for each.
- m. After a claim is submitted but before it is **Approved for Payment**, the **Cost Requested** can be adjusted and this new value will appear in the **Cost Submitted** field as a different value than the **Cost Requested**.
- n. After a claim is **Approved for Payment**, the **Cost Submitted** value displayed may be different than the **Cost Requested** amount if it has been changed by a Travel Clerk during review of the claim or if a deductible has been applied.

7. To save a claim at any point after it's been created or while adding expenses, click **Save claim for future submission** at the bottom of the **Claim Expenses** page.

[Save claim for future submission](#)

Beneficiary Travel Agreement Notice

Penalty Statement: There are severe criminal and civil penalties including fine or imprisonment, or both for knowingly submitting a false, fictitious, or fraudulent claim.

Please review and certify the statements are true:

- I have incurred a cost in relation to the travel claimed.
- I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens, and have not used any Government-owned conveyance or incurred any expenses which may be presented as charges against the Department of Veterans Affairs for transportation, meals, or lodgings in connection with my authorized travel that is not herein claimed.
- I have not received other transportation resources at no-cost to me.
- I am the only person claiming for the travel listed.
- I have not previously received payment for the transportation claimed.

By clicking the checkbox below I certify the above is true and the information provided for this claim is correct and factual.

☐ I agree to the terms in the above paragraph.

[Submit Claim](#)

[Back to Dashboard](#)

8. You are returned to **My Dashboard** and the **Status** of the claim in **My Claims** is **Saved**.

My Claims								
Portal Claims View ▾								+ Create
Name	Submitted Date	Status	Adjudicated Date	Adjudicated Type	Appointment	Caregiver	Claim Number ↓	Owner
Claim submitted by HONDRE TARBET on 10/21/2018		Saved			Howard non-mileage expense created on Portal for Dry Run 1		TC1018000005648	Cheyenne VA Medical Team
Claim created by HONDRE TARBET on 5/13/2020		Saved			UAT Appts 34 - Appointment		TC0520000008969	SYSTEM

9. To edit a **Saved** claim, click the claim in **My Claims** to open the **Claim Detail** page and click **Edit Claim** at the bottom of the page.

[Print Claim](#)

[Edit Claim](#)

[Add Attachments](#)

[Back to My Dashboard](#)

10. To add attachments to a claim (e.g. receipts), click the **Add Attachments** button displayed on the **Claim Detail** page (see previous figure) or the **Claim Expenses** page.
- a. The **Claim Attachments** page is displayed. Click the **Browse** button to locate the file you wish to attach and then click **Save Attachment**.

Claim Attachments

[Help](#)

Claimant: HONDRE TARBET
Appointment: Howard non-mileage expense created on Portal for Dry Run 1
Date: 10/19/2018 8:09:00 AM
Facility: Cheyenne VA Medical Center Test
Address: 2360 E Pershing Blvd
CHEYENNE, WY 82001
Completed?: Yes

Name *
Claim submitted by HONDRE TARBET on 10/21/2018

Appointment *
Howard non-mileage expense created on Portal for Dry Run 1

Claimant *
HONDRE TARBET

Status *
Saved

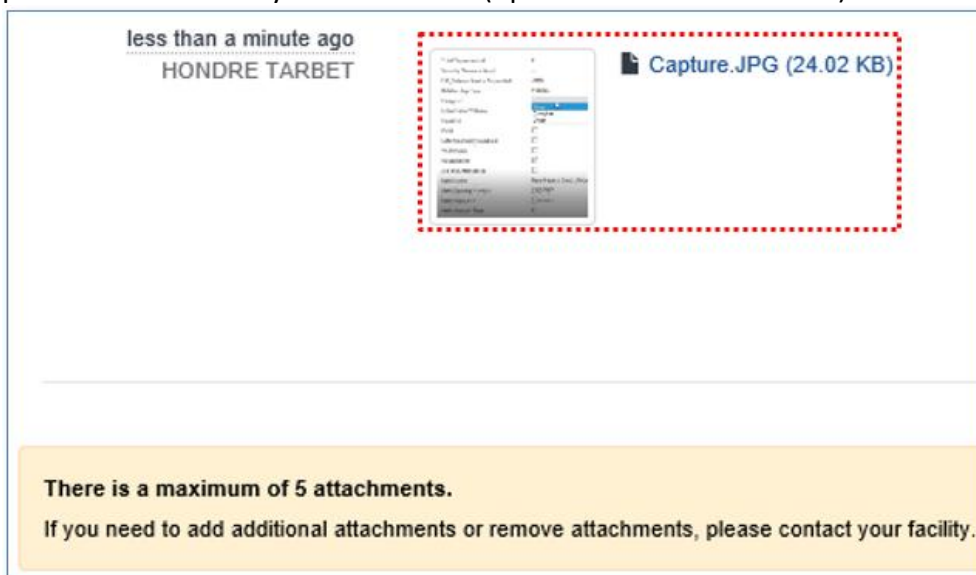
Add an Attachment *
C:\Users\VHAISFSNYDE **Browse...**

Save Attachment

Edit Claim

My Dashboard

- a. A thumbnail of the file appears on the **Claim Detail** page with its name. You can repeat this process for each file you wish to add (up to a maximum of 5 files).



11. When a claim is ready to submit, from the **Claim Expenses** page (click **Edit Claim** first if on the **Claim Detail** page), review the **Beneficiary Travel Agreement Notice** at the bottom of the page, check the **I agree to the terms in the above paragraph** checkbox and click the **Submit Claim** button (the button will turn green and can be clicked when you check the **I agree...** checkbox).

Beneficiary Travel Agreement Notice

Penalty Statement: There are severe criminal and civil penalties including fine or imprisonment, or both for knowingly submitting a false, fictitious, or fraudulent claim.

Please review and certify the statements are true:

- I have incurred a cost in relation to the travel claimed.
- I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens, and have not used any Government-owned conveyance or incurred any expenses which may be presented as charges against the Department of Veterans Affairs for transportation, meals, or lodgings in connection with my authorized travel that is not herein claimed.
- I have not received other transportation resources at no-cost to me.
- I am the only person claiming for the travel listed.
- I have not previously received payment for the transportation claimed.

By clicking the checkbox below I certify the above is true and the information provided for this claim is correct and factual.

☐ I agree to the terms in the above paragraph.

Submit Claim

Back to Dashboard

12. You are taken to **My Dashboard** where the submitted claim and its status can be found in **My Claims**.

My Claims							
Portal Claims View ~							Create
Name	Submitted Date	Status	Adjudicated Date	Adjudicated Type	Appointment	Caregiver	Claim Number ↓ Owner
Claim submitted by HONDRE TARBET on 10/21/2018	5/18/2020	In Manual Review			Howard non-mileage expense created on Portal for Dry Run		TC1018000005648 Cheyenne VA Medical Team